

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
73 County Newton Registration District No. 611
5 Township Seneca Primary Registration District No. 4365
6 City Seneca (No.) St. Ward
2. FULL NAME George Washington Boy
(a) Residence, No. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 '43
7. AGE YEARS 90 MONTHS 18 DAYS 18 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Returned US Soldier Civil War
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
13. NAME Denial Boy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va
15. MAIDEN NAME Lynethina Hornback
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va
17. INFORMANT Mr. Sept Atkins (ADDRESS) Seneca
18. BURIAL, CREMATION, OR REMOVAL
PLACE Seneca DATE Aug 22, 1933
19. UNDERTAKER Norman E. Mitchers (ADDRESS) Seneca, Mo
20. FILED 7/10 19 33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1933
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to Aug 21, 1933
I last saw him alive on Aug 21, 1933 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Chronic Parenchymatous nephritis
Date of onset
Other contributory causes of importance: 131
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify Chronic
(Signed) Dr. Seneca, M. D.
(Address) Seneca MO

